| •   |  |   |               |                                   |                           |                  |  |                | Application or Docket Number |           |                    |                        |  |
|---|--|---|---------------|-----------------------------------|---------------------------|------------------|--|----------------|------------------------------|-----------|--------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECO<br>Effective October 1, 2003                |  |   |               |                                   |                           |                  |  | 1098197-1-5    |                              |           |                    |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |               |                                   |                           |                  |  | SMALL<br>TYPE  | ENTITY                       | OR        |                    | THAN<br>ENTITY         |  |
| TO  | TAL CLAIMS   | <b>1</b>                                  | 10            |                                   |                           |                  |  | RATE           | FEE                          | 7         | RATE               | FEE                    |  |
| FC  | )R   |   | NUMBER FILED  |                                   | NUMBER EXTRA              |                  |  | BASIC F        | EE 385.0                     | OR        | BASIC FEE          | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | /O minu's 20= |                                   | ٠ ۵                       |                  |  | X\$ 9=         |                              | OR        | X\$18=             |                        |  |
| INDEPENDENT CLAIMS  |  |   | minus 3 =     |                                   | *                         |                  | ł  | X43=           |                              | OR        | You                |                        |  |
| MU  | ILTIPLE DEPEI  | NDENT CLAIM P                             | RESENT        |                                   |                           |                  |  | +145=          |                              | OR        |                    |                        |  |
| * If the difference in column 1 is less than zer                                      |  |   |               |                                   | ro, enter "0" in column 2 |                  |  | TOTAL          |                              | OR        | TOTAL              | 770                    |  |
| CLAIMS AS AMENDED - PART II   |  |   |               |                                   |                           |                  |  |                | <u> </u>                     |           | OTHER              |                        |  |
|   | (Column 1) (Column 2) (Column 3)   |   |               |                                   |                           |                  |  | SMAL           | L ENTITY                     | OR        | SMALL              |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER<br>OUSLY              | PRESENT<br>EXTRA |  | RATE           | ADDI-<br>TIONAI<br>FEE       | -]        | RATE               | ADDI-<br>TIONAL<br>FEE |  |
| NO.   | Total  | - 18                                      | Minus         | 2                                 | 0                         |                  | $\lfloor \lceil$                             | X\$ 9=         |                              | OR        | X\$18=             |                        |  |
| 4ME   | Independent  | * /                                       | Minus         | ***                               | 3                         | =                | 1  | X43=           | 1                            | OR.       | X86=               |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |               |                                   |                           |                  | İ  | +145=          |                              | OR        | +290=              |                        |  |
|   |  |   |               |                                   |                           |                  | L  | TOTA           |                              |           | TOTAL              |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |               |                                   |                           |                  |  | DDIT. FE       | E                            | <b>_</b>  | ADDIT. FEE         | :                      |  |
| ENT B   | ***************************************  | CLAIMS<br>REMAINING                       |               | HIGHE                             | ST                        | PRESENT          | <b>                                     </b> |                | ADDI-                        | 7         |                    | ADDI-                  |  |
|   | ·-   | AFTER<br>AMENDMENT                        |               | PREVIO<br>PAID F                  |                           | EXTRA            |  | RATE           | TIONAL<br>FEE                |           | RATE               | TIONAL<br>FEE          |  |
| AMENDMENT   | Total  | *   | Minus         | **                                |                           | =                |  | X\$ 9=         |                              | OR        | X\$18=             |                        |  |
| ME  | Independent  | *   | Minus         | ***                               |                           | -                |  | X43=           |                              | OR        | X86=               |                        |  |
| 1   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |               |                                   |                           |                  | T  | +145=          | 1                            | 1         | +290=              |                        |  |
|   |  |   |               |                                   |                           |                  |  | +145=<br>ATOTA | <del></del>                  | OR        | +290=<br>TOTAL     |                        |  |
|   |  |   |               |                                   |                           |                  |  | DDIT. FEE      |                              | JOR ,     | ADDIT. FEE         |                        |  |
|   | <b>.</b>   | (Column 1)<br>CLAIMS                      | • •           | (Colum<br>HIGHE                   | ST                        | (Column 3)       | _  |                | LADDI                        | 7 1       |                    | 4000                   |  |
| MEN   |  | REMAINING<br>AFTER<br>AMENDMENT           |               | NUMB<br>PREVIOU<br>PAID F         | USLY                      | PRESENT<br>EXTRA |  | RATE           | ADDI-<br>TIONAL<br>FEE       |           | RATE               | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus         | **                                |                           | =                |  | X\$ 9=         |                              | OR        | X\$18=             |                        |  |
|   | Independent  | *   | Minus         | ***                               |                           | =                |  | X43=           |                              | OR        | X86=               |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |               |                                   |                           |                  | -  |                | <del> </del>                 | 1 1       |                    |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |               |                                   |                           |                  |  | +145=<br>TOTAL |                              | OR        | +290=              |                        |  |
| ** If   | "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |   |               |                                   |                           |                  |  |                | <u> </u>                     | OR A      | TOTAL<br>ODIT. FEE |                        |  |
|   |  | ber Previously Paid                       |               |                                   |                           |                  | found  | d in the ap    | opropriate bo                | x in colu | ımn 1.             |                        |  |